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FEC FORM 1	STATEMENT OF ORGANIZATION										ı
							0	ffice Use C	Only		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		ole:If typing, to ne lines.	ype	12FE	4M5				
Alpha Natu	ural Re	sources, Inc.	. Politic	al Actic	on Co	omm	ittee		1 1	1 1	. 1
ADDRESS (number a	nd street)	999 Corporate Boulevard	d								
(Check if address is changed)		Suite 300									
		Linthicum Heights				MD	210	090			
			CITY			STATE		ZIF	CODE	≣	
COMMITTEE'S E-MA		6 (Please provide only on slming@comerica.com,									
is change	ed)										
COMMITTEE'S WEB	PAGE ADDE	RESS (URL)									
(Check if	address										
is change											
2. DATE 11	M / D D D 1 22	2011									
3. FEC IDENTIFIC	CATION NUM	MBER C	C00348524								
4. IS THIS STATE	MENT	NEW (N) OR	×	AMENDED) (A)						
I certify that I have e	examined this	Statement and to the b	est of my kno	owledge and	belief it i	is true, c	orrect and	d comple	te.		
Type or Print Name	of Treasurer	Frank J. Wood									
Signature of Treasure	Frank J. 1	Vood	[1	Electronically I	Filed]	Date	M M M	22	/ Y	2011	Y
NOTE: Submission of		us, or incomplete informat						penalties	of 2 U	.S.C. §	437g.
000			-	- forther before		-11-					

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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